

to be made for each birth and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 527

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 5 Stephens Terrace St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Lilia Jacobs
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } Twin, triplet or other. _____
5. No., in order of birth. _____ 6. Legitimate? yes 7. Date Aug. 25 - 1930
Month Day Year

8.

FATHER

Full name

Carnesto Jacobs

9. Residence

(Usual place of abode)

If non-resident, give place and state. Arizona

10. Color or race

Mex.

11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Metcalf
Ariz.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Margarita Hernandez

15. Residence

(Usual place of abode)

If non-resident, give place and state. Arizona

16. Color or race

Mex.

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Tombstone
Arizona

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

2

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar.

Signature

Cyril M. Brown M.D.

(Physician or midwife)

Address

Miami, Arizona

Filed 11/30 1930

Registrar.

825-489